

OF SOUTH CAROLINA

on of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for Reinstatement of Class E HHG
Certificate

Anthony Iannazzo dba Iannazzo Company

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2009-277-T 220429
NUMBER: 1996 - 164 - T 220429

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

RECEIVED

(Please type or print)

Submitted by: Anthony Iannazzo

NOV 23 2009

Telephone:

843-681-6615

Address: 63 Mitchelville Road

Hilton Head, SC 29906

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

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PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS E REINSTATEMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896-5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

DATE: 11-23-2009**RECEIVED**

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Please consider this an application for Reinstatement of my:

**ORS
T.T.W./W**

- ☒ Class E Household Goods Certificate (See attached form and provide documentation)
- ☐ Class E Hazardous Waste Certificate

My Certificate of Public Convenience and Necessity No. is 0002. My certificate was
 revoked/cancelled on 10-14-2009 because FAILURE TO FILE TRANSPORTATION
 CARRIER ANNUAL REPORT FOR 2008.

I am seeking reinstatement because I WAS UNABLE TO WORK FROM
 NOVEMBER 2008 UNTIL JULY 2009 DUE TO A BACK INJURY FROM AN AUTOMOBILE
 ACCIDENT. I RECEIVED A CERTIFIED LETTER FROM THE OFFICE OF REGULATORY
 STAFF INFORMING ME THAT MY LICENSE NUMBER 0002 WAS SUSPENDED. I
 OBTAINED THE NECESSARY FORMS AND COMPLETED THE SAME. PLEASE NOTE
 THAT I ALWAYS IN THE PAST SUBMITTED ALL PRIOR FORMS IN A TIMELY
 MANNER.

ANTHONY IANNAZZO
 (Name of Company)

DBA IANNAZZO COMPANY
 (if applicable)

63 MITCHELVILLE ROAD
 (Street Address)

HILTON HEAD, SC 29906
 (City, State, Zip Code)

843-681-6615
 (Telephone Number)

Anthony Iannazzo
 (Signature)

OWNER
 (Title)

Transportation CARRIER ANNUAL REPORT

HOUSEHOLD GOODS & HAZARDOUS WASTE CARRIERS
OF

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NOV 23 2009

ANTHONY ~~JAMES~~ IANNAZZO DBA ~~THE~~ IANNAZZO COMPANY

Exact Legal Name of Respondent

ORS
T, T, W, W/W

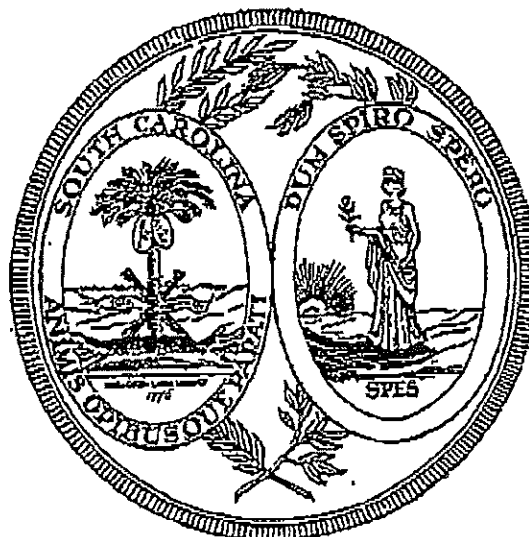
PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2008

☒ Calendar Year Ending December 31, 2008

or

☐ Fiscal Year Ending _____



Company Information**Identification and Contact Information**

Federal ID No.	<u>NONE</u>	<u>SOCIAL SECURITY</u>
Check/ Date:	<input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Name of Company:	<u>ANTHONY JAMES IANNAZZO</u>	
Doing Business As:	<u>THE IANNAZZO COMPANY</u>	
Street Address:	<u>63 MITCHELVILLE ROAD</u>	
City:	<u>HILTON HEAD</u>	State: <u>SC</u> Zip: <u>29926</u>
Mailing Address:	<u>SAME AS ABOVE</u>	
City:		State: Zip:
Telephone Number:	<u>(843) 681-6615</u>	

Contact (for purposes of this report)

Contact Name:	<u>ANTHONY JAMES IANNAZZO</u>	
Title:	<u>OWNER</u>	
Street Address:	<u>63 MITCHELVILLE ROAD</u>	
City:	<u>HILTON HEAD</u>	State: <u>SC</u> Zip: <u>29926</u>
Telephone Number:	<u>(843) 681-6615</u>	E-mail: <u>NONE</u>

Company Officers

Title of Officer	Name of Person Holding Office
President	N/A
Vice-President	N/A
Secretary	N/A
Treasurer	N/A
Gen. Manager or Supt.	N/A

ANNUAL REPORT
Income Statement: Year Ending December 31, 2008
(Household Goods & Hazardous Waste Only)

Company: THE IANNAZZO COMPANY Date: 12-31-2008

	General Ledger Account #	Current Year Amount
Operating Revenues:		
SC Regulated Authority		\$ 0.00
Lease Carriers		\$ 0.00
* Exempt Operations		\$ 24405.00
* * Other Operations		\$ 48883.00
Total Revenue		\$ 73288.00
Operating Expenses:		
* Salaries of Officers		\$ 0.00
* Salaries of Employees/ SUBCONT		\$ 5911.00
* Operating Supplies		\$ 0.00
* Repairs		\$ 0.00
* Taxes & Licenses		\$ 78.00
* Insurance		\$ 2043.00
* Utilities & Communications		\$ 5911.00
* Depreciation		\$ 0.00
* Rent		\$ 2120.00
* Interest		\$ 0.00
* Miscellaneous		\$ 4265.00
* * OTHER OPERATIONAL EXP		\$ 41306.00
Total Operating Expenses		\$ 61634.00
Net Income		\$ 11654.00
Operating Ratio (=Total Expenses/Total Income)		\$ 84.1

* NOTE MOVING INCOME AND EXPENSES

** NOTE PAINTING AND CLEANING SERVICES INCOME AND EXPENSES

ANNUAL REPORT
Balance Sheet Year Ending December 31, 2008
(Household Goods & Hazardous Waste Only)

Company: THE IANNAZZO COMPANY

Date: 12-31-2008

Account Type	General Ledger Account #	Current Year Amount
Assets:		
Cash		\$ 850.00
Receivables		\$ 0.00
Real Estate		\$ 0.00
Buildings & Equipment - Net		\$ 200.00
Motor Vehicles - Net		\$ 4500.00
Garage Equipment - Net		\$ 0.00
Machinery & Tools - Net		\$ 0.00
Supplies on Hand		\$ 0.00
Prepays and Other Assets		\$ 0.00
Total Assets		\$ 5550.00
Liabilities:		
Accounts Payable		\$ 0.00
Notes Payable		\$ 0.00
Mortgages Payable		\$ 0.00
Equipment Obligations		\$ 0.00
Accrued Salaries & Wages		\$ 0.00
Other Accrued Obligations		\$ 0.00
Other Liabilities		\$ 0.00
Total Liabilities		\$ 0.00
Equity:		
Capital Stock		\$ 0.00
Retained Earnings		\$ 5550.00
Total Equity		\$ 5550.00
Total Liabilities and Equity		\$ 5550.00

MISCELLANEOUS INFORMATION
 (Household Goods & Hazardous Waste Only)

Company: THE IANNAZZO COMPANY

Date: 12-31-2008

<u>Equipment Owned</u>	<u># Units Owned</u>	<u>Purchase Price of Units Owned</u>
Tractors	0	\$ 0
Trailers	0	\$ 0
Trucks (Pick-up & Delivery)	0	\$ 0
Automobiles	0	\$ 0
Service Trucks	1	\$ 4500.
Other Types of Equipment	0	\$ 0
Total Cost	1	\$ 4500

<u>Equipment Leased</u>	<u># Units Leased</u>	<u>Monthly Cost of Lease</u>
Tractors	0	\$ 0
Trailers	0	\$ 0
Trucks (Pick-up & Delivery)	0	\$ 0
Automobiles	0	\$ 0
Service Trucks	0	\$ 0
Other Types of Equipment	0	\$ 0
Total Cost	0	\$ 0

	<u>Policy Number</u>
Current BI & PD Insurer (Form E) UNITED FINANCIAL CASUALTY CO. Effective Date: 9-15-2009	
Current Cargo Insurer (Form H) NONE	
Effective Date:	

Affidavit

State of SOUTH CAROLINE

County of BEAUFORT

I, ANTHONY JAMES IANNAZZO of the

THE IANNAZZO Company

hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

Anthony James Iannazzo

Signature

November 23, 2009

Date